

**Health and Examination Form
For Youth and Adults
Attending PLAST-Zolota Bulava**

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled by parents/guardian of minors (if under 18 years) or by adult campers/staff members themselves.

I. IDENTIFICATION

Name _____ Birthdate _____

Age _____ Sex _____ Eye Colour _____ Hair Colour _____ Height _____ Weight _____

First Parent/Guardian _____

Home Address _____
Street & Number City Prov/State PC/Zip

Business _____
Street & Number City Prov/State PC/Zip

Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

Second Parent /Guardian _____

Home Address _____
Street & Number City Prov/State PC/Zip

Business _____
Street & Number City Prov/State PC/Zip

Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

IN CASE OF AN EMERGENCY:

Name _____ Relationship: _____
Last First

Home Address _____
Street & Number City Prov/State PC/Zip

Business _____
Street & Number City Prov/State PC/Zip

Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

Name of Dentist/Orthodontist _____ Phone (_____) _____

Name of Family Physician _____ Phone (_____) _____

II. Medical/Hospital Insurance

Canadian Residents: Provincial Health Plan No: _____

Supplementary Insurance: Carrier _____ Policy or Group No: _____

Carrier Address: _____ Phone: (_____) _____

Non-Residents: Carrier _____ Policy or Group No: _____

Carrier Address: _____ Phone: (_____) _____

III. IMMUNIZATIONS

For youth (under 18) **required** immunizations: tetanus and diphtheria toxoids, measles, mumps and rubella, chicken pox (disease or immunization), and polio. For youth (under 18) **recommended** immunizations: measles booster at age 12 and hepatitis A and B. Youth and adults require a tetanus booster within 10 years. If had disease, put "D" and year of disease. If immunized, check box and put the year of immunization.

| Yes | No | Year | Yes | No | Year |
|--------------------------|--------------------------|------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ | <input type="checkbox"/> | <input type="checkbox"/> | Rubella _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diphtheria _____ | <input type="checkbox"/> | <input type="checkbox"/> | Polio _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pertussis _____ | <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles _____ | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis A _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps _____ | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ |

IV. MEDICAL HISTORY Are you aware of any current health problems? Yes No

Is there a history or current problem regarding (Please Circle):

Serious illness, Serious Injury, Nose, sinus, ears, eyes, heart, teeth, stomach, bowels, kidneys, backs, limbs, joints, appendicitis, hernia bed-wetting, menstrual problems.

Has or subject to (Please Circle): Psychiatric Disorders, Bleeding Disorder, Diabetes, Asthma, Hypertension, Anemia, Severe infection, Fainting spells, Convulsions, Cancer, leukemia or lymphoma, Problem with the immune system.

Wears a removable dental appliance Yes No Wears Contact Lenses Yes No

Allergy to a medicine, food, plant, animal or insect toxin Yes No

Comments/Explanation _____

V. PARENTAL OR ADULT PARTICIPATION STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons? Yes No

If yes, explain: _____

Does applicant take medicine (prescription or over the counter) on a regular basis? Yes No

If yes, please list in detail: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, walking long distances, playing strenuous, physical games or canoeing.

To the best of my knowledge, the information in sections I, II, III, IV and V, is accurate and complete. I give permission for a licensed health care practitioner to examine the applicant, to give needed immunization (unless stated otherwise), and to furnish requested information to other agencies as needed. I give my permission for full participation in the Zolota Bulava Camp, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be initiated without delay as judgment of medical personnel dictates. I understand that if I have a disqualifying mental or physical condition, it eliminates my participation and I may not be able to attend the Zolota Bulava-2010Camp

Parent or guardian must sign if applicant is under 18:

Parent or guardian _____ Date signed _____

Applicant's signature _____ Date signed _____